DEC 17 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County Grundy — Registration District No. 327 — File No. 41347
Township — Primary Registration District No. 4194 — Registered No. 16
City Galt (No. , St. Ward)

2. FULL NAME Lucy Etta Proctor
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): W.
6. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF (OR) WIFE OF~~ T. M. Proctor
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 1854

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
✓	83	2	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~housewife~~ Retired.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

FATHER
13. NAME Thomas Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.

MOTHER
15. MAIDEN NAME Caroline Rasher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) E. T. Proctor Galt Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Galt K of P DATE Dec 7, 1937

19. UNDERTAKER (ADDRESS) P K Payne & Son Galt Mo

20. FILED 12-6-, 1937 U C Weston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-24-, 1936, to 12-5-, 1937
I last saw her alive on 12-4-, 1937. Death is said to have occurred on the date stated above, at 2:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	1930
Other contributory causes of importance: Ascites	1936

93C

Name of operation ✓ Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) U C Weston, M. D.
(Address) Galt, Mo.